

Date: May 23, 2002

To: Family Care Pilots

From: Monica Deignan, Family Care Program Manager
Center for Delivery Systems Development

Subject: Policy and Procedure for Permanent Moves between Family Care Counties and COP/Waiver Counties

When a CMO enrollee moves permanently out of a Family Care county, the individual is no longer eligible for Family Care and the CMO will no longer receive any funding for that individual. Under certain circumstances, as described below, the Department will move funds so that the person can be served under the new county's COP or waiver program until such time he or she comes up on the list of applicants awaiting further consideration for long-term support services in the new county. While this process requires the Department to transfer money internally, the process for COP/Waiver counties should be much the same as it is currently when new people are served under COP or waiver programs.

The following protocol describes what happens when an individual permanently moves from a Family Care county to a COP/Waiver county, or vice-versa, and what procedures the CMO, resource center, and receiving county should follow. The protocols were developed by the staff at the Office of Strategic Finance's Center for Delivery Systems Development (CDS), Budget Section and Area Administration, as well as the Bureau of Aging and Long Term Care Resources (BALTCR), the Bureau of Developmental Disability Services (BDDS), the Bureau of Fiscal Services, and the staff at the CMOs and the aging and disability resource centers.

Policy Statements

1. If a CMO enrollee moves permanently out of Wisconsin, he or she will not be eligible to remain enrolled in the CMO or to receive the Family Care benefit.
2. If a CMO enrollee moves to a long-term care facility in another county in Wisconsin, under a plan of care approved by the CMO, he or she remains a resident of the CMO county for eligibility purposes, and stays enrolled in the CMO and is able to receive the Family Care benefit. The CMO continues to provide care management and oversight of the services delivered to the member.

3. If a CMO enrollee moves to another county where there is a Family Care CMO, the former enrollee is disenrolled from the CMO in the county from which he or she is moving and he or she may enroll in the CMO in the new county or apply for non-Family Care services.
4. If a CMO enrollee moves to a COP/Waiver county in Wisconsin where there is a list of applicants awaiting further consideration for COP or Waiver services for which the enrollee is eligible, and the enrollee has:
 - a. Been continuously enrolled in the CMO for at least six months immediately preceding the date on which he or she moves to the COP/Waiver county, the person will be disenrolled from the CMO. The state will temporarily transfer funds to the appropriate waiver in order to fund the new county to serve the former enrollee.
 - b. If the enrollee has NOT been enrolled in the CMO for at least six months, the former enrollee loses eligibility for Family Care and is disenrolled. The former enrollee is not eligible to have funds transferred to the COP/Waiver County.
5. If a CMO enrollee moves to a COP/Waiver county in Wisconsin where there is NO list of applicants awaiting further consideration for long-term support services for which the enrollee is eligible, the former enrollee loses eligibility for services from the CMO and is disenrolled. The former enrollee may apply for services in the receiving county through the usual application process of that program (COP-W, CIPI or CIPII). No Family Care funds will be transferred to pay the new county of residence for providing these services to the former Family Care enrollee.
6. If a child who is being served by the CIP/CSLA waiver moves to another county with a list of applicants awaiting further consideration for long-term support services, the sending county funds services for that person until he or she comes up on the list. If the person has moved from a Family Care county, and is still on the list of applicants awaiting further consideration for long-term support services when he or she turns 18, there will be no CIP waiver in the sending (Family Care) county for the person. In this situation, the state will temporarily transfer funds to the appropriate waiver in order to fund services for the individual provided that he or she had been continuously enrolled in the waiver for at least six months immediately preceding the date on which he or she moved to the new county of residence.
7. If a COP/waiver recipient permanently moves to a Family Care county, the recipient may apply for the Family Care benefit. If and when the person enrolls in Family Care, services will be funded through Family Care. Starting in 2002, waiver services in Family Care counties are available only through a Family Care CMO.

General Procedures Pertaining to ALL Permanent Moves

1. The CMO shall notify its members via the member handbook that any member who is planning to move permanently out of the county in which the CMO is operating should give the CMO advance notice of the move so that the CMO care manager can meet with him or her to discuss the consequences of the move and possibilities for services in the new county.

2. Whenever a CMO care manager learns that an individual enrollee is planning to move permanently out of the county in which the CMO is operating, the care manager should offer to meet with the enrollee or to refer him or her to the resource center in order to discuss the changes in benefits that would accompany the move.
3. Resource centers should include information about moves when doing long-term care options counseling with individuals.

Procedures Pertaining to Permanent Moves FROM a Family Care County TO a COP/Waiver County

A. When there is a list of applicants awaiting further consideration for COP/Waiver services AND the enrollee has been continuously enrolled in the CMO for at least six months.

1. Once the CMO care manager is aware of the impending move, the CMO care manager should inform the COP/Waiver county and assist the person in applying for long-term support services in the new county of residence. The CMO and COP/Waiver county should coordinate efforts so that economic support is notified of the change of address and there is no lapse in coverage, so that assessment and service information is transferred from the CMO to the new county, and, to the extent possible, so that the Family Care disenrollment date coincides with the start of long-term support services in the new county of residence.
2. The CMO or resource center should inform the LTS lead agency in the new county of residence that the individual is eligible for COP and/or waiver funding on an interim basis, for the length of time the individual is on a list of applicants awaiting further consideration for long-term support services. The person must also meet all eligibility and service requirements of the receiving county. In order to access that funding the COP/Waiver county will need to do the following:
 - a) The Community Options Program/waiver care managers in the county to which the person is moving will need to complete their usual assessment and develop a care plan for the individual and submit it to the appropriate waiver program as with any other applicant, along with any supporting documentation, i.e., to either the Bureau of Developmental Disability Services (BDDS) if the individual is in the DD target group, or the Bureau of Aging and Long Term Care Services (BALTCR) if the individual is 65 or older or in the physical disability target group.
 - b) When the care plan is submitted to the appropriate waiver program, it shall indicate that this individual will be moving or has moved from a Family Care county.
 - c) All policies and procedures of the appropriate waivers apply to the development and implementation of an individual service plan that is cost-effective and meets the needs of the individual, including the provision of services under the Medicaid fee-for-service system.
 - d) The COP/Waiver county must assure that the information submitted to the appropriate waiver program include:

- Documentation of the level of care. This could be either a copy of the Eligibility Results page from the LTC Functional Screen, or the COP screen;
 - An estimate of the cost of the care plan. The costs should be designated as either costs allowable as waiver services, or costs allowable only as COP.
 - The COP/Waiver county should also notify DSL fiscal staff of the impending move. For individuals in the elderly or physical disabilities target groups, e-mail Sue Liegel at liegesk@dhfs.state.wi.us. For individuals in the developmental disabilities target group, e-mail Christy Pomerening at pomercj@dhfs.state.wi.us.
- e) After the individual service plan has been approved, the individual is to be registered on the appropriate list of applicants awaiting further consideration for long-term support services in the COP/Waiver county. When the individual reaches the top of the list, the county must notify DSL (BALTCR or BDDS). In the event the county fails to notify DSL, the waiver funds expended during that year will be disallowed. CSDS will track the status of these individuals on county lists of applicants awaiting further consideration for long-term support services, via HSRS.
- f) The COP/Waiver county will report expenses and be reimbursed via the HSRS and CARS systems as usual. The transfer of funds to the receiving county may not occur for the first three or more months it is serving the former enrollee, but it will be paid for all allowable expenses. The county COP or waiver program will not manage these former Family Care clients any differently. It is the responsibility of DHFS (OSF, DMT and DSL) to assure timely and accurate transfers of funds in these situations.
- g) If an approved care plan has costs high enough that the COP/Waiver county would have difficulty serving the person for three or more months without reimbursement, DHFS staff will attempt to develop an individualized response to the situation.
- h) If the individual's needs increase and he/she needs increased services during the time in which the person is still awaiting consideration for services in the new county, the new county can submit an updated care plan to the appropriate program bureau for review. Funding to cover cost of approved services will be made available to the county.
- i) BDDS and BALTCR will develop a HSRS code to track individuals being served under this protocol. When the COP/Waiver county notifies the Department that the former enrollee's name has come up on the list of applicants awaiting further consideration, the individual's services will be funded under the county's COP or waiver program.

B. When there is a list of applicants awaiting further consideration for long-term support services, BUT the enrollee has NOT been continuously enrolled in the CMO for at least six months.

1. If the enrollee declares an intention to move to a COP/Waiver county in Wisconsin where there is a list of applicants awaiting further consideration for COP or Waiver services for which the

enrollee is eligible, but the enrollee has not been enrolled in the CMO for at least six months, the CMO or resource center shall inform him or her that he or she loses eligibility for Family Care and would have to be disenrolled. The CMO or resource center shall inform the former enrollee that he or she is not eligible to have funds transferred to the COP/Waiver County.

2. If the enrollee still desires to move to the COP/Waiver county, the CMO or resource center shall help the enrollee get on the list of applicants awaiting further consideration for long-term care services in the COP/Waiver county. The resource center shall assist the individual by providing information and assistance and options counseling regarding available options in the new county of residence, and to facilitate referrals.
3. The Family Care CMO or resource center shall inform the enrollee of the need to notify economic support of his or her change of address and to inquire whether a redetermination of Medicaid eligibility is needed in order to avoid a lapse in coverage. As needed and appropriate, the CMO and resource center shall assist the former enrollee in contacting economic support for this purpose.

C. When there is NO list of applicants awaiting further consideration for COP or Waiver services for which the enrollee is eligible.

1. The CMO shall inform the former enrollee that he or she loses eligibility for Family Care and is disenrolled but the former enrollee may apply for services in the receiving county, through the usual application process of that program (COP-W, CIPI or CIPII), as long as he or she meets all eligibility and service requirements of the receiving county.
2. The CMO care manager should make every attempt to assure continuity of care by coordinating the disenrollment date and the date services can begin in the new county, and by facilitating the transfer of assessment and service information with the enrollee's permission. No Family Care funds will be transferred to pay the new county of residence for providing these services to the former Family Care enrollee.
3. The CMO and COP/Waiver county should coordinate efforts so that economic support is notified of the change of address and there is no lapse in coverage.

Procedures Pertaining to Permanent Moves FROM a COP/Waiver County TO a Family Care County

1. Whenever an individual is planning to move from a COP/Waiver county to a Family Care county, the long-term support/waiver case manager should contact the resource center and CMO in order to coordinate continuity of care so there is no lapse in coverage, so that assessment and service information is transferred to the Family Care county, and, to the extent possible, so that the waiver closing date coincides with the start of services in the Family Care county.